VZCZCXRO6745
PP RUEHGI RUEHMA RUEHROV
DE RUEHKH #1771/01 3190750
ZNR UUUUU ZZH
P 150750Z NOV 07
FM AMEMBASSY KHARTOUM
TO RUEHC/SECSTATE WASHDC PRIORITY 9161
INFO RUCNFUR/DARFUR COLLECTIVE PRIORITY
RUEHRN/USMISSION UN ROME

UNCLAS SECTION 01 OF 04 KHARTOUM 001771

SIPDIS

AIDAC
SIPDIS

STATE FOR AF/SPG, PRM, AND ALSO PASS USAID/W
USAID FOR DCHA SUDAN TEAM, AFR/SP
NAIROBI FOR USAID/DCHA/OFDA, USAID/REDSO, AND FAS
GENEVA FOR NKYLOH
NAIROBI FOR SFO
NSC FOR PMARCHAM, MMAGAN, AND TSHORTLEY
ADDIS ABABA FOR USAU
USUN FOR TMALY
BRUSSELS FOR PBROWN

E.O. 12958: N/A
TAGS: EAID PREF PGOV PHUM SOCI UN SU
SUBJECT: DARFUR - USAID NUTRITION UPDATE

REFS: A) KHARTOUM 1297 B) KHARTOUM 1018

KHARTOUM 00001771 001.2 OF 004

Summary

¶1. Recent nutrition surveys in pockets of Darfur reveal that the nutrition status of children under five has deteriorated since May 2007 to levels approaching those recorded in 2004 -- the beginning of the Darfur humanitarian response when the nutritional situation was at its worst. From September 15 to 25, a USAID and U.S. Centers for Disease Control (CDC) team rapidly assessed the nutrition situation in all three Darfur states. The team discussed nutrition trends with UN agencies, non-governmental organizations (NGOs), and state ministries of health. The causes for the high malnutrition rates are not easy to pinpoint and include a variety of factors. Given the protracted nature of the Darfur conflict, the humanitarian community needs to find creative ways to address acute malnutrition, including transitioning to longer-term preventive approaches while continuing to ensure appropriate and timely emergency nutrition interventions. End Summary.

¶2. A USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) public health advisor and a CDC epidemiologist traveled to Khartoum and Darfur to review the nutrition situation and make technical recommendations for the nutrition programs supported by USAID/OFDA. This cable summarizes the team's findings.

Trend Analysis

¶3. In early 2007, with the exception of Ed Daein, nutrition surveys from camp and non-camp areas reported global acute malnutrition (GAM) rates below the 15 percent emergency threshold. Since May 2007, GAM rates have increased, ranging from 15.9 percent to 30.4 percent, approaching rates reported in 2004 in the same areas. The USAID team notes that severe acute malnutrition (SAM) remains below 2004 levels and mortality levels remain below the emergency threshold.

¶4. Data from routine nutrition surveillance and feeding centers support these trends, for the most part. Therapeutic feeding center (TFC) and supplementary feeding center (SFC) admissions

follow a seasonal trend. From January to July 2007, SFC admissions rose and then leveled off but remained below 2006 levels. TFC admissions for the same time period increased steadily, exceeding 2006 levels. Transfer rates from SFC to TFC, signifying deterioration in nutritional status, increased from 4.3 percent in April to 8.5 percent in June.

¶5. Key areas of concern are internally displaced person (IDP) camps and settlements such as Abu Shouk, As Salaam, Ed Daein, and Kalma. These IDP areas have humanitarian challenges that include overcrowding in camps, public health problems particularly during the rainy season, and the precarious physical condition of individuals resulting from limited access to diversified diets either through their own production or market mechanisms. The nutrition assessment team reported that possible causes for the increase in malnutrition rates include deteriorating security and subsequent limited access to populations; seasonal deterioration of nutrition during the rainy season; care and feeding practices for children and pregnant women; appropriateness of supplementary feeding products; effectiveness of nutrition programs; and lack of communities' understanding of treatment modalities for malnourished children leading to high default (drop out) rates from supplementary feeding programs.

¶6. Consistently since 2004, young children (6 to 29 months) continue to be most at risk of acute malnutrition compared to children 30 to 59 months. This trend is a clear indicator that infant and young child feeding is a major problem that humanitarian interventions have not adequately addressed.

¶7. Access to clean water has remained at minimally acceptable levels in IDP camps, but seasonal deterioration in sanitation has been reported in all nutrition surveys in the larger camps. In addition, new influxes of IDPs increase the need for additional water, latrines, and hygiene promotion activities.

¶8. Since March 2007, the prevalence of easily preventable and

treatable diseases has steadily increased. A number of surveys have shown strong correlation between diarrhea and acute malnutrition, and acute respiratory infections and acute malnutrition. The surveys also demonstrate, although to a lesser extent, a correlation between fever/malaria and acute malnutrition. Vaccination rates remain below Sphere guidelines. For example, the measles vaccination rates reported in camp surveys do not exceed 55 percent. The surveys demonstrate a clear correlation between measles and increased malnutrition and mortality rates.

¶9. Nutrition coverage of current programs remains limited and inadequate, only reaching between 6.7 to 53 percent of children who should be enrolled in feeding programs. (Note: This data is mostly from camp settings. End Note.) According to Sphere standards, coverage of supplementary and therapeutic feeding programs should reach more than 90 percent of the population in a camp setting, more than 70 percent in urban areas, and more than 50 percent in rural areas.

¶10. Another indicator of the quality of programs is the number of children who drop out from the programs. In Darfur, this rate exceeds the Sphere standards of less than 15 percent.

¶11. Although nutrition programs in Darfur have shifted from strictly center-based treatment of malnutrition to a community-based model, the shift has not resulted in the high coverage rate the community-based model was intended to have. The team reported a visible integration of the community management of acute malnutrition into the health care system at the expense of community outreach, a critical component in reaching high coverage rates and treating more than 90 percent of malnourished children. The community-based approach needs to be linked to the health system and also reach out to the community in order to identify children in need of these services.

Constraints to Improving Nutritional Status in Darfur

---------- --------

¶12. USAID staff attended a two-day nutrition meeting in Khartoum hosted by the UN Children's Fund (UNICEF) and the Ministry of Health to analyze the nutrition situation in Darfur based on inter-sectoral information. The participants also reviewed the current nutrition interventions, identified gaps in coverage and program areas, and refined the nutrition strategy in order to better address the short- and medium-term nutritional needs in Darfur. The discussions in the meeting and at the field-level corroborate USAID's understanding of some of the possible underlying causes of malnutrition. The findings are summarized below.

--POOR BREASTFEEDING PRACTICES: Exclusive breastfeeding for the first six months of life is not practiced in Darfur. Although relief organizations have implemented nutrition education, including the promotion of exclusive breastfeeding, in many nutrition programs during the last four years, the response has lacked systematic effort and innovative approaches to change breastfeeding practices.

--LACK OF APPROPRIATE COMPLEMENTARY FOODS: In Darfur, there is a lack of appropriate complementary and weaning foods for infants and young children, as well as a lack of knowledge about appropriate feeding practices. Mothers are not familiar with best practices for introducing solid food and are introducing them too early. Within the general food distribution there are few options for weaning foods and a relative lack of dietary diversity. Although not intended as a weaning food, a six month old child would need to consume a large quantity of corn-soya blend (CSB), which is included in the general food ration, in order to meet the daily nutritional requirements. Preparation of CSB as a weaning food is time consuming for mothers.

--CARE PRACTICES AND EMPLOYMENT OPPORTUNITIES:
Relief organizations consistently identified child care practices as a significant factor contributing to the poor nutritional status of children. Mothers leave their infants in the care of older children for more than eight hours a day while they seek employment opportunities outside of camps. While this is a common cultural practice in Darfur, aid workers are observing that child care responsibilities are now passed down to even younger children than before. As a result, relief agencies believe that the young children are insufficiently fed during the day, as caretaker

children are not capable of preparing CSB. In addition, breastfeeding ceases during the hours when the mother is outside of the house, further compounding the problem.

--LACK OF KNOWLEDGE ABOUT MODERATE MALNUTRITION: Many organizations identified the lack of recognition of moderate malnutrition as a significant issue. Many parents do not perceive a moderately malnourished child as malnourished because that child still appears healthy, possibly impacting the effectiveness of supplementary feeding programs and contributing to the high default rates. The workshop participants noted a need for strong educational activities that communicate the seriousness of moderate malnutrition.

--QUALITY OF SUPPLEMENTARY FEEDING PROGRAMS (SFPs) AND PRODUCTS: UN and NGOs questioned the effectiveness of SFPs and the acceptability of CSB. Performance indicators from feeding programs are below the Sphere standards as previously noted. Some aid agencies claim CSB is not accepted by the population because it is a maize-based product and the taste of soy is strong and not liked by the population. (Note: Reports of the unacceptability of CSB have mainly been anecdotal, without data to support the claims. In an effort to gain a more concrete understanding of the issue, WFP and its nutrition NGO partners have recently completed post-distribution monitoring surveys to gauge acceptability of CSB in all three states of Darfur. Data analysis is underway, with results expected soon. End Note.)

--CAPACITY: Capacity was highlighted as a significant gap impacting the nutrition situation. Several NGOs do not have the technical capacity for specific nutritional interventions, such as therapeutic

feeding. Also, relief agencies have a hard time recruiting staff to work in Darfur. Additionally, capacity among local staff and state ministries in nutrition prevention and treatment is limited and needs improvement. The state ministries of health are unable to properly take on nutrition programs handed over to them by nutrition partners. As the nutritional situation stabilized in 2005 and 2006, many agencies downsized their staff and programs. For example, UNICEF had 12 implementing partners in 2005 in South Darfur and only four in 2007. The lack of partners significantly limits the activities and program coverage that UNICEF is capable of supporting and the ability to scale-up in response to a nutrition crisis.

--COORDINATION: Participants noted a general lack of coordination at both the Khartoum and state level, except in West Darfur. Aid agencies report good coordination within each sector, but very little cross-sectoral interaction. Since malnutrition is a cross-sectoral issue, strong coordination between sectors is required to improve the nutrition situation.

--CHRONIC SITUATION NEEDS NEW APPROACH: The chronic nature of the conflict now requires nutrition interventions to prioritize preventive activities, including behavior modification, in addition to treatment. A stronger focus on capacity building of national staff and ministries is also needed.

--INSECURITY: Security incidents frequently impede access to programs and beneficiaries. Limited access to populations and the disruption of services have impacted the effectiveness of programs. Additionally, some populations are completely without access to services or humanitarian aid. Insecurity can prevent vulnerable populations from accessing existing services, particularly if the programs are facility-based and not community-based.

--REPEATED DISPLACEMENT: A lack of stability and constant movement among much of the conflict-affected population may be a major contributing factor to the spike in malnutrition. Populations do not have access to their land, impacting their food security. Also, repeated displacement impedes the ability of humanitarian aid agencies to access the vulnerable populations. When displaced populations finally reach an official camp, the IDPs' nutritional and health status is often significantly deteriorated.

--EXHAUSTION OF COPING STRATEGIES: Partners also identified the exhaustion of coping strategies as a contributing factor. In the beginning of the conflict, people fled with some assets, such as livestock or household items. After four years of conflict, these assets have been depleted and families are left without coping strategies. As a result, minimal shocks -- even seasonal changes -- may have a larger impact on the nutritional status of the population.

Responding to the Current Situation

¶13. In response to the recent nutrition findings, UNICEF, state ministries of health, and NGOs quickly mobilized resources to support nutrition interventions in Mukjar in West Darfur, in Abu Shouk camp in El Fasher, in Kalma camp near Nyala, and in Ed Daein in South Darfur. To better understand child care practices, UNICEF and the Ministry of Health conducted a household survey across Sudan, including Darfur, which gathered data on infant and young child feeding. Further surveys and research on the underlying causes of malnutrition are currently underway in Darfur. The UN World Food Program (WFP) is conductingQ monitoring survey to address the CSB issue.

Conclusions

¶14. Due to the protracted nature of the humanitarian crisis in Darfur, the assessment team determined that the quality and scope of nutrition interventions need an overhaul in order to remain

effective within the current Darfur context. USAID staff will work with USAID-funded partners to review nutrition strategies and develop and implement new approaches to improve nutrition programs in Darfur, in an attempt to keep malnutrition rates below emergency threshold levels. USAID will closely monitor the nutritional status in Darfur paying close attention to the short- and long-term impact that insecurity, exhaustion of coping mechanisms, and repeated displacement has on the nutritional status of the population.

FERNANDEZ